

PUBLIC DISCLOSURE COPY - EXTENSION ATTACHED
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
 Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning

and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH		D Employer identification number 13-4141945	
	Doing business as		E Telephone number (212) 509-0995	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite GRAND CENTRAL STA PO BOX 4777		G Gross receipts \$ 600,350,160.	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10163		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	F Name and address of principal officer: DEBORAH W. BROOKS, CEO GRAND CENTRAL STA PO BOX 4777, NEW YORK, NY		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.MICHAELJFOX.ORG

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2000

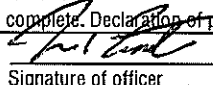
M State of legal domicile: DE


Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION IS DEDICATED TO FINDING A CURE FOR PARKINSON'S DISEASE.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	50
	4 Number of independent voting members of the governing body (Part VI, line 1b)	50
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	192
	6 Total number of volunteers (estimate if necessary)	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	8,023.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 198,954,743. Current Year: 350,717,581.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,223,652. 527,423.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,107,501. 2,160,976.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202,285,896. 353,405,980.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	130,743,478. 232,955,547.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,034,862. 26,428,654.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,188,231.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,427,564. 20,508,634.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	172,205,904. 279,892,835.
19 Revenue less expenses. Subtract line 18 from line 12	30,079,992. 73,513,145.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 231,669,888. End of Year: 330,549,492.
	21 Total liabilities (Part X, line 26)	125,015,663. 150,544,575.
	22 Net assets or fund balances. Subtract line 21 from line 20	106,654,225. 180,004,917.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 13 JUN 2022
	Type or print name and title William Fowler, CFO	

Paid Preparer Use Only	Print/Type preparer's name CANDICE METH	Preparer's signature 	Date 6/7/2022	Check if self-employed <input type="checkbox"/>	PTIN P01306891
	Firm's name ▶ EISNER ADVISORY GROUP LLC			Firm's EIN ▶ 87-1353108	
	Firm's address ▶ 733 THIRD AVENUE NEW YORK, NY 10017-2703			Phone no. 212-949-8700	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Taxpayer identification number (TIN) 13-4141945
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. GRAND CENTRAL STA PO BOX 4777	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10163	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

STEPHEN GRUBB

- The books are in the care of ▶ - MJFF GRAND CENTRAL STA PO BOX 4777 NEW - YORK, NY 10163

Telephone No. ▶ (212) 509-0995 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2021 or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
THE FOUNDATION IS DEDICATED TO FINDING A CURE FOR PARKINSON'S DISEASE
THROUGH AN AGGRESSIVELY FUNDED RESEARCH AGENDA AND TO ENSURING THE
DEVELOPMENT OF IMPROVED THERAPIES FOR THOSE LIVING WITH PARKINSON'S
TODAY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 256,565,313. including grants of \$ 232,955,547.) (Revenue \$ 18,563.)
TO FUND RESEARCH FOCUSED ON DEVELOPING A CURE FOR PARKINSON'S DISEASE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 256,565,313.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 192		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a	X	
b	If "Yes," enter the name of the foreign country ► CANADA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		
If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 50 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 50		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 STEPHEN GRUBB - (212) 509-0995
 - MJFF GRAND CENTRAL STA PO BOX 4777 NEW, YORK, NY 10163

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBORAH W. BROOKS CO-FOUNDER & CEO	40.00 0.00			X				946,342.	0.	42,948.
(2) TODD SHERER EVP, RESEARCH STRATEGY	40.00 0.00				X			893,360.	0.	42,941.
(3) SOHINI CHOWDHURY DEPUTY CEO	40.00 0.00			X				532,591.	0.	18,693.
(4) BRIAN K. FISKE CHIEF SCIENCE OFFICER	40.00 0.00					X		337,833.	0.	34,545.
(5) MARK A. FRASIER CHIEF SCIENCE OFFICER	40.00 0.00					X		335,510.	0.	18,624.
(6) HOLLY TEICHHOLTZ CHIEF MARKETING OFFICER	40.00 0.00					X		309,686.	0.	38,083.
(7) WILLIAM FOWLER CHIEF FINANCIAL OFFICER	40.00 0.00			X				290,161.	0.	33,305.
(8) RACHEL DOLHUN SVP, MEDICAL COMMUNICATIONS	40.00 0.00					X		288,998.	0.	26,465.
(9) JAMES MCNASBY CHIEF PEOPLE OFFICER & GENERAL COUNS	40.00 0.00			X				280,223.	0.	35,036.
(10) MICHELE GOLOMBUSKI SVP, DEVELOPMENT	40.00 0.00					X		274,202.	0.	25,571.
(11) MICHAEL J. FOX FOUNDER	2.00 2.00	X						0.	0.	0.
(12) JEFFREY KEEFER CHAIRMAN	2.00 0.00	X		X				0.	0.	0.
(13) FRED G. WEISS TREASURER	2.00 2.00	X		X				0.	0.	0.
(14) SKIP IRVING VICE CHAIRMAN	2.00 0.00	X		X				0.	0.	0.
(15) HOLLY S. ANDERSEN, MD MEMBER	2.00 0.00	X						0.	0.	0.
(16) BONNIE BANDEEN MEMBER	2.00 0.00	X						0.	0.	0.
(17) GLENN BATCHELDER MEMBER	2.00 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSAN BILOTTA MEMBER	2.00 0.00	X						0.	0.	0.
(19) MARK BOOTH MEMBER	2.00 0.00	X						0.	0.	0.
(20) JON BROOKS MEMBER	2.00 0.00	X						0.	0.	0.
(21) BARRY J. COHEN MEMBER	2.00 0.00	X						0.	0.	0.
(22) ANDREW CREIGHTON MEMBER	2.00 0.00	X						0.	0.	0.
(23) JOHN S. DALY MEMBER	2.00 0.00	X						0.	0.	0.
(24) DONNY DEUTSCH MEMBER	2.00 0.00	X						0.	0.	0.
(25) DAVID EINHORN MEMBER	2.00 0.00	X						0.	0.	0.
(26) KAREN FINERMAN MEMBER	2.00 0.00	X						0.	0.	0.
1b Subtotal								4,488,906.	0.	316,211.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,488,906.	0.	316,211.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **66**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ESRT WEST 34TH STREET, LP, 111 WEST 33RD ST, 12TH FL, NEW YORK, NY 10120	RENT	5,187,328.
MSIX COMMUNICATIONS CANADA LTD, 99 SPADINA AVENUE, SUITE 200, TORONTO, ONTARIO,	ADVERTISING	2,195,769.
ALLIED PRINTING SERVICES P.O. BOX 850, MANCHESTER, CT 06045	PRINTING	1,720,502.
YLD LTD 114 5TH AVE, 17TH FLOOR, NEW YORK, NY 10011	TECH DEVELOPMENT	1,466,550.
BRAND UNION COMPANY LLC 3 COLUMBUS CIRCLE, NEW YORK, NY 10019	ADVERTISING	617,025.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **16**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LEE FIXEL MEMBER	2.00 0.00	X						0.	0.	0.
(28) NELLE FORTENBERRY MEMBER	2.00 0.00	X						0.	0.	0.
(29) AKBAR GBAJABIAMILA MEMBER	2.00 0.00	X						0.	0.	0.
(30) WILLIE GEIST MEMBER	2.00 0.00	X						0.	0.	0.
(31) DAVID GLICKMAN MEMBER	2.00 0.00	X						0.	0.	0.
(32) MARK L. HART III MEMBER	2.00 0.00	X						0.	0.	0.
(33) ANNE M. HOLLOWAY MEMBER	2.00 0.00	X						0.	0.	0.
(34) MELANIE BOLCH ISBILL MEMBER	2.00 0.00	X						0.	0.	0.
(35) EDWARD KALIKOW MEMBER	2.00 0.00	X						0.	0.	0.
(36) ALEX KRYS MEMBER	2.00 0.00	X						0.	0.	0.
(37) AMAR KUCHINAD MEMBER	2.00 0.00	X						0.	0.	0.
(38) MARC S. LIPSCHULTZ MEMBER	2.00 0.00	X						0.	0.	0.
(39) BARRY MALKIN MEMBER	2.00 0.00	X						0.	0.	0.
(40) COLIN R. MASSON MEMBER	2.00 0.00	X						0.	0.	0.
(41) OFER NEMIROVSKY MEMBER	2.00 0.00	X						0.	0.	0.
(42) ANDREW J. O'BRIEN MEMBER	2.00 0.00	X						0.	0.	0.
(43) DOUGLAS I. OSTROVER MEMBER	2.00 0.00	X						0.	0.	0.
(44) LISA A. PIAZZA MEMBER	2.00 0.00	X						0.	0.	0.
(45) TRACY POLLAN MEMBER	2.00 0.00	X						0.	0.	0.
(46) JACK QUINN MEMBER	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	6,111,229.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,704,328.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	340,902,024.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 236,043,932.				
	h Total. Add lines 1a-1f			350,717,581.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		526,261.			526,261.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	2,153,853.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	2,153,853.				
	d Net rental income or (loss)			2,153,853.		2,153,853.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	245,948,938.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	245,947,776.				
c Gain or (loss)	7c	1,162.					
d Net gain or (loss)			1,162.		1,162.		
8 a Gross income from fundraising events (not including \$ 6,111,229. of contributions reported on line 1c). See Part IV, line 18	8a		979,376.				
			979,376.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		25,051.				
			17,028.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			8,023.		8,023.		
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code	900099	18,563.	18,563.		
	b LOSS ON CURRENCY EXCHA		900099	-19,463.		-19,463.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			-900.			
12 Total revenue. See instructions			353,405,980.	18,563.	8,023.	2,661,813.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	183,569,045.	183,569,045.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	49,386,502.	49,386,502.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,942,677.	1,503,776.	382,548.	1,056,353.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	18,817,878.	10,633,030.	3,208,858.	4,975,990.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	969,286.	324,613.	232,633.	412,040.
9 Other employee benefits	2,261,423.	1,539,666.	245,960.	475,797.
10 Payroll taxes	1,437,390.	731,182.	261,596.	444,612.
11 Fees for services (nonemployees):				
a Management				
b Legal	256,161.	163,160.	8,354.	84,647.
c Accounting	78,846.		78,846.	
d Lobbying	435,257.			435,257.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	150.		150.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,145,704.	2,331,186.	40,367.	774,151.
12 Advertising and promotion	3,352,498.	1,076,970.	375.	2,275,153.
13 Office expenses	908,873.	397,088.	78,342.	433,443.
14 Information technology	1,741,568.	973,420.	77,070.	691,078.
15 Royalties				
16 Occupancy	5,339,840.	1,790,846.	2,803,938.	745,056.
17 Travel	438,802.	108,628.	4,579.	325,595.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	84,315.		84,315.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,565,215.	676,872.	477,835.	410,508.
23 Insurance	173,187.	100,659.	33,178.	39,350.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PRINTING AND PRODUCTION	1,655,668.	1,075,032.	647.	579,989.
b DONATION PROCESSING	872,256.	18,104.	37,018.	817,134.
c RECRUITMENT AND TRAININ	282,592.	125,635.	73,455.	83,502.
d OTHER EXPENSES	177,702.	39,899.	9,227.	128,576.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	279,892,835.	256,565,313.	8,139,291.	15,188,231.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	253.	1	253.
	2 Savings and temporary cash investments	106,800,305.	2	206,758,445.
	3 Pledges and grants receivable, net	19,451,387.	3	22,408,960.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	66,708.	8	97,204.
	9 Prepaid expenses and deferred charges	2,637,555.	9	1,217,916.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,300,783.		
	b Less: accumulated depreciation	10b 7,431,072.	10,216,059.	10c 8,869,711.
	11 Investments - publicly traded securities	88,822,242.	11	89,955,756.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,675,379.	15	1,241,247.
16 Total assets. Add lines 1 through 15 (must equal line 33)	231,669,888.	16	330,549,492.	
Liabilities	17 Accounts payable and accrued expenses	3,673,287.	17	4,178,763.
	18 Grants payable	103,022,142.	18	135,654,334.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	4,854,524.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	13,465,710.	25	10,711,478.
	26 Total liabilities. Add lines 17 through 25	125,015,663.	26	150,544,575.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	86,579,740.	27	54,063,847.
	28 Net assets with donor restrictions	20,074,485.	28	125,941,070.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	106,654,225.	32	180,004,917.
33 Total liabilities and net assets/fund balances	231,669,888.	33	330,549,492.	

Form 990 (2021)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	353,405,980.
2	Total expenses (must equal Part IX, column (A), line 25)	2	279,892,835.
3	Revenue less expenses. Subtract line 2 from line 1	3	73,513,145.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	106,654,225.
5	Net unrealized gains (losses) on investments	5	51,569.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-214,022.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	180,004,917.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	105,188,640.	121,180,254.	157,689,137.	198,954,743.	350,717,581.	933,730,355.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	105,188,640.	121,180,254.	157,689,137.	198,954,743.	350,717,581.	933,730,355.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						440,843,959.
6 Public support. Subtract line 5 from line 4.						492,886,396.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	105,188,640.	121,180,254.	157,689,137.	198,954,743.	350,717,581.	933,730,355.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	483,898.	1,068,809.	3,857,217.	3,380,765.	2,680,114.	11,470,803.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				513.	8,023.	8,536.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,022,824.	6,422.	68,362.	-61,834.	-900.	1,034,874.
11 Total support. Add lines 7 through 10						946,244,568.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	52.09 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	60.00 %

16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Part VI

Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

2017 AMOUNT: \$ 1,022,824.

2018 AMOUNT: \$ 63,933.

2019 AMOUNT: \$ 42,920.

2020 AMOUNT: \$ 3,439.

2021 AMOUNT: \$ 18,563.

GAIN/LOSS ON CURRENCY EXCHANGE

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ -57,511.

2019 AMOUNT: \$ 25,442.

2020 AMOUNT: \$ -65,273.

2021 AMOUNT: \$ -19,463.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

Name of the organization

THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH

Employer identification number

13-4141945

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number 13-4141945
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 173,374,769.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 55,590,951.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 12,194,044.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number 13-4141945
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DONATED SECURITIES <hr/> <hr/> <hr/>	\$ 173,374,769.	12/01/21
2	DONATED SECURITIES <hr/> <hr/> <hr/>	\$ 55,590,951.	09/06/21
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number 13-4141945
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number 13-4141945
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		28,875.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		107,330.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		299,052.
i Other activities?		X	
j Total. Add lines 1c through 1i			435,257.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE FOUNDATION HIRES PERSONNEL TO LOBBY ON BEHALF OF INCREASED PUBLIC

FUNDING FOR RESEARCH AND POLICYMAKING IN MATTERS PERTAINING TO

PARKINSON'S DISEASE, SUCH AS BANS ON CHEMICALS KNOWN TO BE LINKED TO

INCREASED RISK OF PARKINSON'S, EQUITABLE ACCESS TO CARE FOR EVERYONE

LIVING WITH THE DISEASE, AND RESEARCH FREEDOM TO SAFEGUARD AND

Part IV Supplemental Information *(continued)*

ACCELERATE SCIENTIFIC PROGRESS TOWARDS BETTER TREATMENTS.

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH

Employer identification number 13-4141945

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, description, and Held at the End of the Tax Year. Rows include purpose(s) of easements, total number and acreage, number of easements on historic structures, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, description, and amount. Rows include questions about reporting art and historical treasures, and required amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		12,266,620.	4,193,364.	8,073,256.
d Equipment		2,260,005.	1,627,899.	632,106.
e Other		1,774,158.	1,609,809.	164,349.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,869,711.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	10,711,478.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,711,478.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	353,551,044.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 51,569.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 93,645.		
e	Add lines 2a through 2d		2e	145,214.
3	Subtract line 2e from line 1		3	353,405,830.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 150.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	150.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	353,405,980.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	280,200,352.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 1,049,610.		
e	Add lines 2a through 2d		2e	1,049,610.
3	Subtract line 2e from line 1		3	279,150,742.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 150.		
b	Other (Describe in Part XIII.)	4b 741,943.		
c	Add lines 4a and 4b		4c	742,093.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	279,892,835.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION FOLLOWS THE PROVISIONS OF THE FINANCIAL ACCOUNTING

STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC")

TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR

UNCERTAINTY IN INCOME TAXES. FOR THE FOUNDATION, THESE PROVISIONS COULD BE

APPLICABLE TO THE INCURRENCE OF UNRELATED BUSINESS INCOME TAX ("UBIT") ON

MERCHANDISE SALES. BECAUSE THE FOUNDATION HAS ALWAYS RECORDED THE

POTENTIAL LIABILITY FOR UBIT, AND DUE TO ITS GENERAL TAX-EXEMPT STATUS,

MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT EXPECTED TO

HAVE, A MATERIAL IMPACT ON THE FOUNDATION'S CONSOLIDATED FINANCIAL

STATEMENTS.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

AMOUNTS REPRESENT REVENUE ATTRIBUTABLE TO THE MICHAEL J. FOX FOUNDATION FOR

PARKINSON'S RESEARCH'S CANADIAN ENTITY OF: 1,049,610.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -955,965.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 93,645.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AMOUNTS REPRESENT REVENUE ATTRIBUTABLE TO THE MICHAEL J. FOX FOUNDATION FOR

PARKINSON'S RESEARCH'S CANADIAN ENTITY OF: 1,049,610.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RETURNED GRANTS 741,943.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number 13-4141945
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTMAKING		33,590,936.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		2,683,024.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		1,118,743.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		472,171.
NORTH AMERICA	0	0	GRANTMAKING		11,107,655.
SOUTH AMERICA	0	0	GRANTMAKING		413,973.
3 a Subtotal	0	0			49,386,502.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			49,386,502.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2021

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	992,221.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	373,076.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	278,332.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	241,372.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	199,235.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	165,163.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	156,586.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	118,094.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **80**

3 Enter total number of other organizations or entities **80**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	74,750.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	56,694.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	20,000.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	7,500.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	7,007,801.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	6,646,658.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	1,932,168.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	1,571,153.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	1,178,520.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PARKINSON'S RESEARCH	1,169,340.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	1,116,957.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	1,060,334.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	824,996.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	795,699.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	710,659.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	542,802.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	519,325.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	500,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PARKINSON'S RESEARCH	490,358.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	460,014.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	434,103.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	401,166.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	380,643.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	372,383.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	365,416.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	358,826.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	329,609.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PARKINSON'S RESEARCH	325,890.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	316,559.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	309,140.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	302,140.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	268,249.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	262,423.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	241,399.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	240,852.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	236,900.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PARKINSON'S RESEARCH	224,619.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	213,050.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	201,742.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	199,671.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	186,836.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	180,770.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	178,825.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	100,000.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	99,869.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PARKINSON'S RESEARCH	98,450.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	52,663.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	49,756.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	41,246.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	35,940.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	25,000.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	12,500.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	12,500.	WIRE	0.		
		MIDDLE EAST AND AFRICA	PARKINSON'S RESEARCH	987,750.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND AFRICA	PARKINSON'S RESEARCH	130,993.	WIRE	0.		
		NORTH AMERICA	PARKINSON'S RESEARCH	6,473,710.	WIRE	0.		
		NORTH AMERICA	PARKINSON'S RESEARCH	842,370.	WIRE	0.		
		NORTH AMERICA	PARKINSON'S RESEARCH	678,907.	WIRE	0.		
		NORTH AMERICA	PARKINSON'S RESEARCH	654,045.	WIRE	0.		
		NORTH AMERICA	PARKINSON'S RESEARCH	513,750.	WIRE	0.		
		NORTH AMERICA	PARKINSON'S RESEARCH	480,937.	WIRE	0.		
		NORTH AMERICA	PARKINSON'S RESEARCH	374,400.	WIRE	0.		
		NORTH AMERICA	PARKINSON'S RESEARCH	338,727.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PARKINSON'S RESEARCH	299,579.	WIRE	0.		
		NORTH AMERICA	PARKINSON'S RESEARCH	249,838.	WIRE	0.		
		NORTH AMERICA	PARKINSON'S RESEARCH	91,960.	WIRE	0.		
		NORTH AMERICA	PARKINSON'S RESEARCH	83,432.	WIRE	0.		
		NORTH AMERICA	PARKINSON'S RESEARCH	26,000.	WIRE	0.		
		SOUTH AMERICA	PARKINSON'S RESEARCH	352,026.	WIRE	0.		
		SOUTH AMERICA	PARKINSON'S RESEARCH	61,947.	WIRE	0.		
		SUB AFRICA	PARKINSON'S RESEARCH	333,332.	WIRE	0.		
		SUB AFRICA	PARKINSON'S RESEARCH	138,839.	WIRE	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE FOUNDATION AWARDS RESEARCH GRANTS BASED UPON THE GUIDANCE AND INPUT OF THE SCIENTIFIC ADVISORY BOARD AND OTHER HIGHLY REGARDED SCIENTISTS WHO SERVE ON GRANT REVIEW COMMITTEES SPECIALIZING IN PARKINSON'S RESEARCH. GOALS AND MILESTONES ARE DESCRIBED WITHIN EACH GRANT AWARD. MJFF'S RESEARCH TEAM CLOSELY MONITORS THE PROGRESS OF EACH GRANT AWARDED. THERE IS FREQUENT COMMUNICATION BETWEEN GRANTEEES AND MJFF STAFF REGARDING THE PROGRESS OF EACH GRANT. REQUIRED REPORTING IS REVIEWED BEFORE ADDITIONAL PAYMENTS ARE MADE.

PART I, LINE 3:

AMOUNTS ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FUNNY THING (event type)	BREAKING PAR (event type)	2 (total number)		
Revenue	1	Gross receipts	5,146,006.	1,660,858.	283,741.	7,090,605.
	2	Less: Contributions	4,431,848.	1,400,755.	278,626.	6,111,229.
	3	Gross income (line 1 minus line 2)	714,158.	260,103.	5,115.	979,376.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	454,119.	163,248.		617,367.
	8	Entertainment	63,700.			63,700.
	9	Other direct expenses	196,339.	96,855.	5,115.	298,309.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				979,376.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH**

Employer identification number
13-4141945

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABCAM ONE KENDALL SQUARE CAMBRIDGE, MA 02139	98-0487031	PUBLIC SECTOR	159,618.	0.			PARKINSON'S RESEARCH
ALNYLAM US, INC. 675 WEST KENDALL STREET CAMBRIDGE, MA 02142	04-3696884	PUBLIC SECTOR	374,964.	0.			PARKINSON'S RESEARCH
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)(3)	1,000,000.	0.			PARKINSON'S RESEARCH
AMERICAN OCCUPATIONAL THERAPY FOUNDATION - 12300 TWINBROOK PARKWAY - ROCKVILLE, MD 20852	13-6189382	501(C)(3)	25,000.	0.			PARKINSON'S RESEARCH
AMERICAN TYPE CULTURE COLLECTION 10801 UNIVERSITY BOULEVARD MANASSAS, VA 20110	53-0196548	501(C)(3)	165,463.	0.			PARKINSON'S RESEARCH
AMPRION 149 NEW MONTGOMERY STREET, 4TH FLOOR SAN FRANCISCO, CA 94105	26-1195143	PUBLIC SECTOR	233,035.	0.			PARKINSON'S RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 65.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 37.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANVEN 820 HEINZ AVENUE BERKELEY, CA 94710	46-4412519	PUBLIC SECTOR	262,199.	0.			PARKINSON'S RESEARCH
ARIZONA STATE UNIVERSITY FOUNDATION - P.O. BOX 2260 - TEMPE, AZ 85280-2260	86-6051042	501(C)(3)	3,123,579.	0.			PARKINSON'S RESEARCH
ARKUDA THERAPEUTICS 200 ARSENAL YARDS BOULEVARD WATERTOWN, MA 02472	82-4237991	PUBLIC SECTOR	332,657.	0.			PARKINSON'S RESEARCH
BANNER HEALTH INSTITUTE 2901 N. CENTRAL AVENUE, SUITE 160 PHOENIX, AZ 85012	45-0233470	501(C)(3)	36,712.	0.			PARKINSON'S RESEARCH
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	8,150.	0.			PARKINSON'S RESEARCH
BBK WORLDWIDE 117 KENDRICK STREET, SUITE 600 NEEDHAM, MA 02494	45-4443058	PUBLIC SECTOR	56,177.	0.			PARKINSON'S RESEARCH
BERRY CONSULTANTS LLC 3345 BEE CAVE ROAD AUSTIN, TX 78746	76-0644163	PUBLIC SECTOR	134,400.	0.			PARKINSON'S RESEARCH
BIOLEGEND, INC. 8999 BIOLEGEND WAY SAN DIEGO, CA 92121	73-1647967	PUBLIC SECTOR	162,938.	0.			PARKINSON'S RESEARCH
BLACKFYNN, INC. 123 N 3RD ST 2ND FLOOR PHILADELPHIA, PA 19106	47-3043147	PUBLIC SECTOR	735,572.	0.			PARKINSON'S RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON MEDICAL CENTER 72 EAST CONCORD STREET BOSTON, MA 02118	04-3314093	501(C)(3)	67,164.	0.			PARKINSON'S RESEARCH
BRIGHAM & WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	1,577,501.	0.			PARKINSON'S RESEARCH
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA, CA 91125	95-6006144	501(C)(3)	7,874,813.	0.			PARKINSON'S RESEARCH
CANTABIO PHARMACEUTICALS 2225 EAST BAYSHORE ROAD PALO ALTO, CA 94303	99-0373067	PUBLIC SECTOR	503,178.	0.			PARKINSON'S RESEARCH
CARAWAY THERAPEUTICS, INC. 300 TECHNOLOGY SQUARE, SUITE 201 CAMBRIDGE, MA 02139	82-4625270	PUBLIC SECTOR	202,894.	0.			PARKINSON'S RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	49,646.	0.			PARKINSON'S RESEARCH
CAVALON THERAPEUTICS, INC. 2436 OREGON STREET BERKELEY, CA 94705	85-0548117	PUBLIC SECTOR	338,061.	0.			PARKINSON'S RESEARCH
CHARLES RIVER LABORATORIES 251 BALLARDVALE ST WILMINGTON, MA 01887	98-0636737	PUBLIC SECTOR	37,107.	0.			PARKINSON'S RESEARCH
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVE - CINCINNATI, OH 45229	31-0833936	501(C)(3)	139,000.	0.			PARKINSON'S RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC 9500 EUCLID AVE. CLEVELAND, OH 44195	34-0714585	501(C)(3)	2,240,865.	0.			PARKINSON'S RESEARCH
CLINTREX RESEARCH CORPORATION 2 NORTH TAMiami TRAIL, SUITE 308 SARASOTA, FL 34236	82-4646088	PUBLIC SECTOR	11,000.	0.			PARKINSON'S RESEARCH
COGNITION THERAPEUTICS 2403 SIDNEY STREET, SUITE 261 PITTSBURGH, PA 15203	13-4365359	PUBLIC SECTOR	250,000.	0.			PARKINSON'S RESEARCH
COLUMBIA UNIVERSITY 630 W. 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	208,077.	0.			PARKINSON'S RESEARCH
CRITICAL PATH INSTITUTE 1730 E RIVER RD # 200 TUCSON, AZ 85718	20-1991334	501(C)(3)	61,322.	0.			PARKINSON'S RESEARCH
CROSSCOUNTRY CONSULTING 1600 TYSONS BLVD MCLEAN, VA 22102	45-0909029	PUBLIC SECTOR	13,100.	0.			PARKINSON'S RESEARCH
DARTMOUTH COLLEGE 6016 MCNUTT HALL HANOVER, NH 03755	02-0222111	501(C)(3)	133,046.	0.			PARKINSON'S RESEARCH
DATA TECNICA INTERNATIONAL 11 VASSAR CIRCLE GLEN ECHO, MD 20812	81-4492729	PUBLIC SECTOR	172,500.	0.			PARKINSON'S RESEARCH
DISCOVERY BIOMED 400 RIVERHILL BUSINESS PARK BIRMINGHAM, AL 35242	26-0188550	PUBLIC SECTOR	445,052.	0.			PARKINSON'S RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY 304 RESEARCH DRIVE, 4TH FLOOR DURHAM, NC 27708	56-0532129	501(C)(3)	11,940,700.	0.			PARKINSON'S RESEARCH
EMERALD INNOVATIONS, INC. 1 BROADWAY STREET, CAMBRIDGE, MA 02142	81-1536710	PUBLIC SECTOR	411,515.	0.			PARKINSON'S RESEARCH
EMORY UNIVERSITY 615 MICHAEL ST. ATLANTA, GA 30322	58-0566256	501(C)(3)	4,621,717.	0.			PARKINSON'S RESEARCH
ERISYON INC 6101 HIGHLAND CAMPUS DR., BLDG 400 AUSTIN, TX 78752	82-4749978	PUBLIC SECTOR	482,667.	0.			PARKINSON'S RESEARCH
EVIDATION HEALTH 167 2ND AVE SAN MATEO, CA 94401	45-4887421	PUBLIC SECTOR	491,625.	0.			PARKINSON'S RESEARCH
FINSBURY GLOVER HERING 3 COLUMBUS CIRCLE NEW YORK, NY 10019	85-4217044	PUBLIC SECTOR	32,110.	0.			PARKINSON'S RESEARCH
GREENPHIRE 1018 W. 9TH AVE., SUITE 200 KING OF PRUSSIA, PA 19406	26-4311202	PUBLIC SECTOR	2,820,873.	0.			PARKINSON'S RESEARCH
HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH - 677 HUNTINGTON AVENUE - BOSTON, MA 02115-6028	04-2103580	501(C)(3)	895,532.	0.			PARKINSON'S RESEARCH
HARVARD UNIVERSITY 20 GARDEN STREET CAMBRIDGE, MA 02115	04-2103580	501(C)(3)	597,814.	0.			PARKINSON'S RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION BLOOMINGTON, IN 47401-3654	35-6001673	501(C)(3)	148,215.	0.			PARKINSON'S RESEARCH
IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY - 1138 PEARSON HALL - AMES, IA 50011	42-6004224	501(C)(3)	374,999.	0.			PARKINSON'S RESEARCH
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 733 N. BROADWAY - BALTIMORE, MD 21205	52-0595110	501(C)(3)	140,000.	0.			PARKINSON'S RESEARCH
LIFESENSORS, INC. 271 GREAT VALLEY PARKWAY MALVERN, PA 19355	23-2855125	PUBLIC SECTOR	299,666.	0.			PARKINSON'S RESEARCH
MAPLIGHT THERAPEUTICS, INC. 501 2ND STREET SAN FRANCISCO, CA 94107	83-2163243	PUBLIC SECTOR	4,253,505.	0.			PARKINSON'S RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST. BOSTON, MA 02114	04-2697983	501(C)(3)	1,042,238.	0.			PARKINSON'S RESEARCH
MAYO CLINIC ARIZONA 13400 E SHEA BLVD SCOTTSDALE, AZ 85254	86-0800150	501(C)(3)	152,077.	0.			PARKINSON'S RESEARCH
MAYO CLINIC FLORIDA 4500 SAN PABLO RD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	172,464.	0.			PARKINSON'S RESEARCH
MEDCHEM IMAGING LLC C/O INVICRO, LLC BOSTON, MA 02210	47-1925477	PUBLIC SECTOR	93,750.	0.			PARKINSON'S RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 2 EAST LANSING, MI 48824-2600	38-6005984	501(C)(3)	318,937.	0.			PARKINSON'S RESEARCH
MOUNT SINAI HEALTH SYSTEM, NEW YORK - 168 CENTRE ST - NEW YORK, NY 10013	13-1624096	501(C)(3)	299,965.	0.			PARKINSON'S RESEARCH
NATIONAL INSTITUTE ON AGING AT NIH 251 BAYVIEW BLVD, SUITE 100 BETHESDA, MD 21224	52-2038294	501(C)(3)	2,176,608.	0.			PARKINSON'S RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	14,209,788.	0.			PARKINSON'S RESEARCH
NYU LANGONE MEDICAL CENTER 550 FIRST AVENUE NEW YORK, NY 10016	48-1108830	501(C)(3)	175,893.	0.			PARKINSON'S RESEARCH
OREGON HEALTH AND SCIENCE UNIVERSITY - 3181 S.W. SAM JACKSON PARK ROAD - PORTLAND, OR 97239-3098	93-1176109	501(C)(3)	1,171,660.	0.			PARKINSON'S RESEARCH
PHILADELPHIA RESEARCH AND EDUCATION FOUNDATION - 3900 WOODLAND AVENUE - PHILADELPHIA, PA 19104	23-3066002	501(C)(3)	237,751.	0.			PARKINSON'S RESEARCH
PSY THERAPEUTICS, INC. 28 ATLANTIC AVE. BOSTON, MA 02110	04-3416587	PUBLIC SECTOR	241,442.	0.			PARKINSON'S RESEARCH
QUANTERIX 113 HARTWELL AVE LEXINGTON, MA 02421	20-8957988	PUBLIC SECTOR	545,573.	0.			PARKINSON'S RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUEEN'S MEDICAL CENTER 550 S. BERTANIA STREET HONOLULU, HI 96813	99-0073524	501(C)(3)	387,027.	0.			PARKINSON'S RESEARCH
RICE UNIVERSITY 6100 MAIN STREET HOUSTON, TX 77251-1892	74-1109620	501(C)(3)	296,511.	0.			PARKINSON'S RESEARCH
RUSH UNIVERSITY MEDICAL CENTER 1735 W. HARRISON CHICAGO, IL 60513	36-2174823	501(C)(3)	135,000.	0.			PARKINSON'S RESEARCH
RUTGERS UNIVERSITY 65 DAVIDSON RD PISCATAWAY, NJ 08854	14-6235411	501(C)(3)	60,222.	0.			PARKINSON'S RESEARCH
SINOPIA BIOSCIENCES 600 W BROADWAY SUITE 700 SAN DIEGO, CA 92101-3370	46-1175306	PUBLIC SECTOR	1,333,333.	0.			PARKINSON'S RESEARCH
SOUTHERN RESEARCH INSTITUTE 2000 NINTH AVENUE SOUTH, 35205 BIRMINGHAM, AL 35255-5305	63-0288868	501(C)(3)	133,097.	0.			PARKINSON'S RESEARCH
STANFORD UNIVERSITY 450 JANE STANFORD WAY STANFORD, CA 94538	94-1156365	501(C)(3)	8,552,587.	0.			PARKINSON'S RESEARCH
TACONIC 1 DISCOVERY DRIVE RENSSELAER, NY 12144	33-0675808	PUBLIC SECTOR	36,940.	0.			PARKINSON'S RESEARCH
TGEN FOUNDATION 445 N. FIFTH STREET PHOENIX, AZ 85004	33-1092191	501(C)(3)	546,803.	0.			PARKINSON'S RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE INSTITUTE FOR NEURODEGENERATIVE DISORDERS - 60 TEMPLE STREET, - NEW HAVEN, CT 06492	06-1582206	501(C)(3)	7,233,220.	0.			PARKINSON'S RESEARCH
THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)(3)	115,000.	0.			PARKINSON'S RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - C/O OFFICE OF SPONSORED RESEARCH, BOX 0962 490 ILLINOIS STREET, 4TH	94-6036493	501(C)(3)	7,666,719.	0.			PARKINSON'S RESEARCH
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1201 LARIMER ST - DENVER, CO 80204	84-6000555	501(C)(3)	79,396.	0.			PARKINSON'S RESEARCH
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3600 MARKET STREET, SUITE 380 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	531,955.	0.			PARKINSON'S RESEARCH
TRANSTHERA CONSULTING CO. 2017 NW WALMER DRIVE PORTLAND, OR 97229	46-5327006	PUBLIC SECTOR	99,650.	0.			PARKINSON'S RESEARCH
TUFTS UNIVERSITY 419 BOSTON AVE MEDFORD, MA 02155	04-2103634	501(C)(3)	397,026.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BLVD, SUITE 700 - LOS ANGELES, CA 90095-1406	95-6006143	501(C)(3)	424,135.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DR. PACIFIC HALL 1100 - LA JOLLA, CA 92093-0366	95-6006144	501(C)(3)	7,818,656.	0.			PARKINSON'S RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CHICAGO 5801 S. ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	387,434.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - 207 GRINTER HALL - GAINESVILLE, FL 32611-5500	59-6002052	501(C)(3)	96,993.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF GEORGIA 324 BUSINESS SRVCS 456 E BROAD ST ATHENS, GA 30602	58-1353149	501(C)(3)	70,172.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION - 310 CAMPUS RD - ATHENS, GA 30602	58-1353149	501(C)(3)	664,460.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF IOWA 2450 UNIVERSITY CAPITOL CENTER IOWA CITY, IA 52242	42-6004813	501(C)(3)	742,386.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER - 3901 RAINBOW BLVD - KANSAS CITY, KS 66160	48-1108830	501(C)(3)	28,178.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 42ND AND EMILE ST - OMAHA, NE 68198	47-0049123	501(C)(3)	1,040,623.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF NEVADA, LAS VEGAS 4505 S MARYLAND PKWY LAS VEGAS, NV 89154	88-6000024	501(C)(3)	333,295.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF PITTSBURGH 3471 FIFTH AVE PITTSBURGH, PA 15213	25-0965591	501(C)(3)	7,993,064.	0.			PARKINSON'S RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE, BOX 645 ROCHESTER, NY 14642-8673	26-3800000	501(C)(3)	177,686.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER, SAN ANTONIO - 7703 FLOYD CURL DR - SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	339,558.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON - 6431 FANNIN STREET - HOUSTON, TX 77030	74-1761309	501(C)(3)	187,434.	0.			PARKINSON'S RESEARCH
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000823	501(C)(3)	100,000.	0.			PARKINSON'S RESEARCH
VAXXINITY 1717 MAIN STREET, SUITE 3388 DALLAS, TX 75201	86-2083865	PUBLIC SECTOR	559,994.	0.			PARKINSON'S RESEARCH
VIGENE BIOSCIENCES, A CHARLES RIVER COMPANY - 5 RESEARCH COURT - ROCKVILLE, MD 20850	45-5291677	PUBLIC SECTOR	5,920.	0.			PARKINSON'S RESEARCH
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DR ST. LOUIS, MO 63130	43-0653611	501(C)(3)	487,267.	0.			PARKINSON'S RESEARCH
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 660 S EUCLID AVE - ST. LOUIS, MO 63110	43-0653611	501(C)(3)	958,475.	0.			PARKINSON'S RESEARCH
WEILL MEDICAL COLLEGE, CORNELL UNIVERSITY - 1300 YORK AVE - NEW YORK, NY 10065	13-1623978	501(C)(3)	5,975,991.	0.			PARKINSON'S RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELOCALIZE 241 EAST 4TH ST. SUITE 207 FREDERICK, MD 21701	52-2212421	PUBLIC SECTOR	29,233.	0.			PARKINSON'S RESEARCH
WESTERN MICHIGAN UNIVERSITY HOMER STRYKER M.D. SCHOOL OF MEDICINE - 300 PORTAGE STREET - KALAMAZOO, MI 49007	45-4135256	501(C)(3)	100,000.	0.			PARKINSON'S RESEARCH
WICELL RESEARCH INSTITUTE, INC. 504 S. ROSA RD., SUITE 101 MADISON, WI 53719	39-1972235	PUBLIC SECTOR	400,000.	0.			PARKINSON'S RESEARCH
WIRB-COPERNICUS GROUP, INC. 212 CARNEGIE CENTER, SUITE 301 PRINCETON, NJ 08540	47-1832080	PUBLIC SECTOR	148,488.	0.			PARKINSON'S RESEARCH
YALE UNIVERSITY 300 GEORGE ST NEW HAVEN, CT 06511	06-0646973	501(C)(3)	7,889,561.	0.			PARKINSON'S RESEARCH
YUMANITY THERAPEUTICS, LLC 40 GUEST ST., STE. 4410 BOSTON, MA 02135	20-8436652	PUBLIC SECTOR	375,000.	0.			PARKINSON'S RESEARCH

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION AWARDS RESEARCH GRANTS BASED UPON THE GUIDANCE AND INPUT OF

THE SCIENTIFIC ADVISORY BOARD AND OTHER HIGHLY REGARDED SCIENTISTS WHO

SERVE ON GRANT REVIEW COMMITTEES SPECIALIZING IN PARKINSON'S RESEARCH.

GOALS AND MILESTONES ARE DESCRIBED WITHIN EACH GRANT AWARD. MOST GRANT

AWARDS ARE ALLOCATED IN MULTIPLE PAYMENTS WITH KEY BENCHMARKS SET AT THE

TIME OF THE GRANT AWARD. MJFF'S RESEARCH TEAM CLOSELY MONITORS THE PROGRESS

OF EACH GRANT AWARDED. THERE IS FREQUENT COMMUNICATION BETWEEN GRANTEEES AND

MJFF STAFF REGARDING THE PROGRESS OF EACH GRANT. REQUIRED REPORTING IS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH
 Employer identification number 13-4141945

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment? **4a**

b Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**

c Participate in or receive payment from an equity-based compensation arrangement? **4c**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization? **5a**

b Any related organization? **5b**

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization? **6a**

b Any related organization? **6b**

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DEBORAH W. BROOKS CO-FOUNDER & CEO	(i)	416,342.	530,000.	0.	17,400.	25,548.	989,290.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TODD SHERER EVP, RESEARCH STRATEGY	(i)	413,360.	480,000.	0.	17,400.	25,541.	936,301.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SOHINI CHOWDHURY DEPUTY CEO	(i)	332,591.	200,000.	0.	17,400.	1,293.	551,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRIAN K. FISKE CHIEF SCIENCE OFFICER	(i)	267,833.	70,000.	0.	17,400.	17,145.	372,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARK A. FRASIER CHIEF SCIENCE OFFICER	(i)	270,510.	65,000.	0.	17,400.	1,224.	354,134.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HOLLY TEICHHOLTZ CHIEF MARKETING OFFICER	(i)	262,186.	47,500.	0.	17,400.	20,683.	347,769.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) WILLIAM FOWLER CHIEF FINANCIAL OFFICER	(i)	265,161.	25,000.	0.	17,400.	15,905.	323,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) RACHEL DOLHUN SVP, MEDICAL COMMUNICATIONS	(i)	236,498.	52,500.	0.	17,400.	9,065.	315,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JAMES MCNASBY CHIEF PEOPLE OFFICER & GENERAL COUNSEL	(i)	255,223.	25,000.	0.	17,112.	17,924.	315,259.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MICHELE GOLOMBUSKI SVP, DEVELOPMENT	(i)	234,202.	40,000.	0.	16,511.	9,060.	299,773.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES

COMPENSATION OF OFFICERS AND KEY EMPLOYEES ANNUALLY.

PART I, LINE 7:

THE BOARD OF DIRECTORS AND COMPENSATION COMMITTEE APPROVED NONFIXED BONUS

PAYMENTS FOR LISTED EMPLOYEES FOR 2020 PERFORMANCE PAID IN 2021.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH** Employer identification number **13-4141945**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	488	236,043,932.	PUBLISHED MARKET QUOTES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER DISCLOSED IS BASED ON THE NUMBER OF SHARES RECEIVED.

SCHEDULE M, LINE 32B:

THE FOUNDATION USES AN INDEPENDENT FINANCIAL ADVISOR TO SELL ITS
DONATED SECURITIES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number	13-4141945
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FORM 990 - PART III, LINE 1:

FINDING THE CURE FOR PARKINSON'S DISEASE TAKES AN ORGANIZATION WITH
 EXTRAORDINARY VISION. ACTOR MICHAEL J. FOX ESTABLISHED THE MICHAEL J.
 FOX FOUNDATION FOR PARKINSON'S RESEARCH (THE "FOUNDATION"),
 INCORPORATED IN DELAWARE IN 2000, AFTER PUBLICLY DISCLOSING IN 1998
 THAT HE HAD BEEN DIAGNOSED WITH PARKINSON'S DISEASE SEVEN YEARS
 EARLIER, AT AGE 29.

TODAY, THE FOUNDATION IS THE WORLD'S LARGEST NONPROFIT FUNDER OF
 PARKINSON'S RESEARCH. IT IS DEDICATED TO ACCELERATING A CURE AND
 ENSURING THE DEVELOPMENT OF IMPROVED THERAPIES FOR THE ESTIMATED SIX
 MILLION PEOPLE WORLDWIDE LIVING WITH PARKINSON'S DISEASE TODAY. THE
 FOUNDATION PURSUES ITS GOALS THROUGH AN AGGRESSIVELY FUNDED, HIGHLY
 TARGETED RESEARCH PROGRAM, COUPLED WITH THE ACTIVE GLOBAL ENGAGEMENT OF
 SCIENTISTS, PARKINSON'S PATIENTS AND CARE PARTNERS, BUSINESS LEADERS,
 CLINICAL-TRIAL PARTICIPANTS AND DONORS.

IN ADDITION TO FUNDING MORE THAN \$1.5 BILLION IN RESEARCH PROGRAMS
 THROUGH THE END OF DECEMBER 31, 2021, THE FOUNDATION HAS FUNDAMENTALLY
 ALTERED THE TRAJECTORY OF PROGRESS TOWARD A CURE. POSITIONED AT THE
 GLOBAL HUB OF PARKINSON'S RESEARCH, THE FOUNDATION: (I) FORGES
 GROUNDBREAKING COLLABORATIONS WITH INDUSTRY LEADERS, ACADEMIC
 SCIENTISTS AND GOVERNMENT RESEARCH FUNDERS; (II) LEVERAGES NEW
 TECHNOLOGIES TO AMPLIFY THE PATIENT VOICE IN PARKINSON'S RESEARCH;
 (III) MOBILIZES PATIENTS AND FAMILIES TO INCREASE THE FLOW OF

PARTICIPANTS INTO CLINICAL TRIALS; AND (IV) COORDINATES COMMUNITY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number 13-4141945
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ENGAGEMENT EFFORTS INCLUDING PATIENT POLICY ADVOCACY, EDUCATION AND COMMUNITY BUILDING THROUGH THE GRASSROOTS INVOLVEMENT OF THOUSANDS OF TEAM FOX MEMBERS AROUND THE WORLD.

FROM ITS INCEPTION, THE FOUNDATION HAS INVESTED IN HIGH-RISK, HIGH-REWARD RESEARCH TARGETS - AN APPROACH THAT IN A FEW SHORT YEARS HAS TRANSFORMED THE FIELD OF PARKINSON'S DISEASE RESEARCH. THE FOUNDATION PARTNERS WITH THE PARKINSON'S RESEARCH COMMUNITY, SPEEDING FINANCIAL AND INTELLECTUAL RESOURCES TO THE SCIENTISTS WHO ARE CARRYING OUT PROJECTS WITH THE GREATEST PROMISE TO IMPACT PATIENTS' LIVES IN THE NEAR TERM. THIS INCLUDES STRENGTHENING THE PARKINSON'S DRUG DEVELOPMENT PIPELINE BY PUSHING FORWARD INVESTIGATIONS OF GENETIC AND OTHER EMERGING TARGETS WITH THE BEST CHANCE OF STOPPING OR SLOWING PARKINSON'S DISEASE PROGRESSION, AS WELL AS BY ADDRESSING PATIENTS' UNMET SYMPTOMATIC NEEDS. TO DATE, THE FOUNDATION HAS EVALUATED WORK ON MORE THAN 600 THERAPEUTIC TARGETS, AND HAS SUPPORTED MORE THAN 125 CLINICAL TRIALS.

FORM 990, PART VI, SECTION A, LINE 2:
BOARD MEMBER RELATIONSHIPS:

TWO BOARD MEMBERS ARE IN-LAWS AND TWO SETS OF BOARD MEMBERS ARE MARRIED.

FORM 990, PART VI, SECTION B, LINE 11B:
PROCESS FOR REVIEW OF FORM 990:

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS, IN ASSOCIATION WITH EXTERNAL AUDITORS, APPROVES THE ANNUAL IRS FORM 990 WHICH IS THEN MADE AVAILABLE TO THE ENTIRE BOARD BEFORE IT IS FILED.

Name of the organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number 13-4141945
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FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT-OF-INTEREST POLICY MONITORING:

OFFICERS, DIRECTORS AND KEY EMPLOYEES COMPLETE A CONFLICT-OF-INTEREST

QUESTIONNAIRE ANNUALLY. THE INFORMATION IS REVIEWED BY CORPORATE OFFICERS

AND CONFLICTS ARE REVIEWED WITH THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION:

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES

COMPENSATION OF OFFICERS AND KEY EMPLOYEES ANNUALLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH

OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. THE CONFLICT-OF-INTEREST

POLICY IS AVAILABLE UPON REQUEST. THE CONSOLIDATED FINANCIAL STATEMENTS ARE

AVAILABLE AT WWW.MICHAELJFOX.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -955,965.

REFUNDED GRANTS 741,943.

TOTAL TO FORM 990, PART XI, LINE 9 -214,022.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH** Employer identification number
13-4141945

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MJFF CANADA 365 BAY STREET, SUITE 899 TORONTO, ONTARIO, CANADA	RESEARCH	CANADA			MJFF (US)		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE MICHAEL J. FOX FOUNDATION CANADA	C	428,776.	
(2) THE MICHAEL J. FOX FOUNDATION CANADA	Q	1,546,167.	
(3)			
(4)			
(5)			
(6)			

